Fill in this information to identify your case:					
Debtor 1	Amanda R. Slade				
	First Name	Middle Name	Last Name		
Debtor 2				_	
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the: Western District of New York					
Case number(If known)					

Check as directed in lines 17 and 21:				
According to the calculations required by this Statement:				
1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).				
☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).				
3. The commitment period is 3 years. 4. The commitment period is 5 years.				

Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. ✓ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 1,647.49 0.00 payroll deductions). 0.00 0.00 3. Alimony and maintenance payments. Do not include payments from a spouse. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you 0.00 0.00 listed on line 3. 5. Net income from operating a business, profession, or Debtor 1 Debtor 2 farm 0.00 0.00 Gross receipts (before all deductions) Ordinary and necessary operating expenses 0.00 -0.00 Copy Net monthly income from a business, profession, or farm 0.00 0.00 0.00 0.00 here 6. Net income from rental and other real property 700.00 0.00 Gross receipts (before all deductions) 0.00 -Ordinary and necessary operating expenses 0.00 Net monthly income from rental or other real property 0.00 here 700.00 0.00 700.00

Case number (if known)_____

				Colum			Column B				
				Debio			non-filing				
7.	Interest, dividends, and royalties			\$	0.00		\$	0.00			
8.	Unemployment compensation			\$	0.00		\$	0.00			
	Do not enter the amount if you contend that the amount receive Social Security Act. Instead, list it here:		nefit under								
	For you	\$	0.00								
	For your spouse	\$	0.00								
9.	Pension or retirement income. Do not include any amount under the Social Security Act. Also, except as stated in the notinclude any compensation, pension, pay, annuity, or allowand States Government in connection with a disability, combat-redeath of a member of the uniformed services. If you received under chapter 61 of title 10, then include that pay only to the exceed the amount of retired pay to which you would otherwit under any provision of title 10 other than chapter 61 of that title	ext sentence, be paid by the lated injury or any retired pa extent that it can se be entitled	do not United disability, or ay paid does not	\$	0.00		\$	0.00			
10	Income from all other sources not listed above. Specify the not include any benefits received under the Social Security At the Federal law relating to the national emergency declared National Emergencies Act (50 U.S.C. 1601 et seq.) with responsive 2019 (COVID-19); payments received as a victim of against humanity, or international or domestic terrorism; or copay, annuity, or allowance paid by the United States Govern disability, combat-related injury or disability, or death of a meservices. If necessary, list other sources on a separate page	Act; payments by the Preside pect to the con- a war crime, a compensation, ment in conne ember of the u	made under ent under the onavirus a crime pension, ction with a niformed								
	, , , , , , , , , , , , , , , , , , , ,	•		\$	0.00		\$	0.00			
			-	\$	0.00		Φ	0.00			
			_	·	0.00		Φ	0.00			
	Total amounts from separate pages, if any.			+ \$			+ \$				
11.	Calculate your total average monthly income. Add lines 2 column. Then add the total for Column A to the total for Column		or each	\$	2,347.49	+	\$	0.00	= \$_	2,347.4	.9
Б	Int 2: Determine How to Measure Your Deducti	fu lu							To	otal average	
Pč	Determine How to Measure Your Deducti	ons from in	come								
12.	Copy your total average monthly income from line 11								\$	2,347.4	49
13.	Calculate the marital adjustment. Check one:										
	✓ You are not married. Fill in 0 below.										
	☐ You are married and your spouse is filing with you. Fill in	0 below.									
	You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column you or your dependents, such as payment of the spouse							f			
	you or your dependents. Below, specify the basis for excluding this income and the list additional adjustments on a separate page.	ne amount of i	ncome devote	ed to ea	ach purpose.	If ne	ecessary,				
	If this adjustment does not apply, enter 0 below.										
				\$							
				\$_							
				+ \$_							
	Total			\$	0.00	0		_	_	0.0	0
	1 3 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					c	opy here				
14.	Your current monthly income. Subtract the total in line 13	from line 12.							\$	2,347.49	9

Last Name

15.	. Calculate your current monthly income for the year. Foll	low these steps:	
	15a. Copy line 14 here →		. \$347.49
	Multiply line 15a by 12 (the number of months in a year	r).	x 12
	15b. The result is your current monthly income for the year for	or this part of the form	\$_28,169.88
16.	. Calculate the median family income that applies to you.	. Follow these steps:	
	16a. Fill in the state in which you live.	NY	
	16b. Fill in the number of people in your household.	1	
	16c. Fill in the median family income for your state and size To find a list of applicable median income amounts, go instructions for this form. This list may also be available		\$57,137.00
17.	. How do the lines compare?		
	—	op of page 1 of this form, check box 1, <i>Disposable income is not dete</i> out <i>Calculation of Your Disposable Income</i> (Official Form 122C–2).	ermined under
		e 1 of this form, check box 2, <i>Disposable income is determined under</i> Calculation of Your Disposable Income (Official Form 122C–2). income from line 14 above.	
Pa	art 3: Calculate Your Commitment Period Und	der 11 U.S.C. § 1325(b)(4)	
18.	. Copy your total average monthly income from line 11		s 2,347.49
19.	calculating the commitment period under 11 U.S.C. § 1325(the amount from line 13.	rried, your spouse is not filing with you, and you contend that (b)(4) allows you to deduct part of your spouse's income, copy e 19a.	- \$ 0.00
			Ψ
	19b. Subtract line 19a from line 18.		\$\$\$
20.	. Calculate your current monthly income for the year. Follows	low these steps:	
	20a. Copy line 19b		\$ 2,347.49
	Multiply by 12 (the number of months in a year).		x 12
	20b. The result is your current monthly income for the year	for this part of the form.	\$_28,169.88
	20c. Copy the median family income for your state and size	of household from line 16c	\$ 57,137.00
21.	. How do the lines compare?		
	Line 20b is less than line 20c. Unless otherwise ordered The commitment period is 3 years. Go to Part 4.	d by the court, on the top of page 1 of this form, check box 3,	
	☐ Line 20b is more than or equal to line 20c. Unless other check box 4, <i>The commitment period is 5 years</i> . Go to F		

\square	htor	1

Amanda R. Slade			Case number (if known)
First Name	Middle Name	Last Name	,

Part 4:	Sign Below	
	By signing here, under penalty of perjury I declar	are that the information on this statement and in any attachments is true and correct.
	🗶 /s/ Amanda R. Slade	x
	Signature of Debtor 1	Signature of Debtor 2
	Date 10/27/2020	Date
	MM / DD / YYYY	MM / DD /YYYY
	If you checked 17a, do NOT fill out or file Form	122C–2.
	If you checked 17b, fill out Form 122C-2 and file	e it with this form. On line 39 of that form, copy your current monthly income from line 14 above.